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Notice of Independent Review Decision

DATE: 3/6/15

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar CT/Discogram L3-4, L4-5, L5-S1, 62290, 72295, 72132

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Texas Licensed, Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The person was noted to have been injured. Reportedly, she “slipped and caught herself.” As noted on June 20, 2014, it was noted that there was a history of L4-5 and L5-S1 degenerative disc disease “according to an MRI in 2008.” The findings at that time included the 5-foot 7 inches, 206-pound individual in moderate distress with lumbar guarding and restricted range of motion and tenderness. Straight leg

raise worsened the back pain. The assessment at that time was disc degeneration multilevel with disc displacement "without nerve compression." "She has continued severe low back pain without radiculopathy. She has two-level disc disease..." The subsequent records from that treating provider revealed that treatments had included multiple medications. The prior records discussed numbness in the lower extremities. Subsequent records included numbness in the lower extremities as noted in the initial consultation dated 07/09/2014.

Numerous admission records including reiterated the subjective and objective findings. The impression included lumbar sprain/strain, degenerative disc disease, low back pain and neuritis or radiculitis.

The records from 10/20/2014 discusses there was a psychological assessment "pending." The neurologic exam was noted to be intact, although the "tension signs aggravated low back pain and bilateral..." Impression was internal disc derangement multi-levels and a consideration was for a discogram of multi-levels. The next set of records include the lumbar MRI from 05/20/2014 revealing degenerative changes at multiple levels including disc protrusions at L4-5 and L5-S1 with subarticular recess narrowing.

ANALYSIS AND EXPLANATION OF THE DECISION:

The most recent aggregative medical literature does not support adequate diagnostic value of discograms overall. In addition therefore, a post discographic CT scan would also not be medically reasonable and necessary. Overall, the literature and the references including ODG with regards to discogram and CT scan do not support the consideration or medical necessity of a CT discogram at multiple levels at this time.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☐ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**